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## FILED VIA HAND DELIVERY, JULY 1, 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Atty Docket No. PF335D2

Dixit et al.

Application No.: 09/961,201

Confirmation No.: 6537

Filed: September 24, 2001

Art Unit: 1644

For: Interleukin-1 Beta Converting Enzyme Like

Examiner: P. Huynh

Apoptosis Protease 6

## **RESPONSE AND AMENDMENT UNDER 37 C.F.R. 1.116**

Box AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In reply to the Office Action mailed on May 03, 2004 (Paper No. 05032004), Applicants respectfully request entry of the following amendments and consideration of the remarks submitted herein. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet; and (b) Return Receipt Postcard.

- Amendments to the claims begin on page 2.
- Remarks begin on page 10.

PTO/SB/17 (10-0 Approved for use through 7/31/2006. OMB 0651-003									3 0651-0032	
The art Reservork Reduction Act of	ired to re	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to respond to a collection of information unless it displays a valid OMB control number.								
				Complete if Known						
FEE TRANSMITTAL				Application Number				09/961,201; Conf. #6537		
for FY 2004			Filing Date				September 24, 2001			
			First Named Inventor			itor	Vishva M. Dixit			
Effective 10/01/2003. Patent fees are subject to annual revision.			Examiner Name				P. N. Huynh			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				1644			
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No.				PF335D2	PF335D2		
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)							
Check Credit Money Other None			3. ADDITIONAL FEES							
X Deposit Account:										
Deposit			Large Entity Small Entity Fee Fee Fee Fee							
Account Number 08-3425	count 08-3425		Fee (\$)	Fee Code	Fee (\$)		Fee Desc	ription	Fee Paid	
	սու   Human Genome Sciences, Inc.		130	2051	65	_	<ul> <li>late filing fe</li> </ul>			
Name The Director is authorized to: (check all that apply)		1052	50	2052	25	Surcharge sheet.	<ul> <li>late provision</li> </ul>			
X Charge fee(s) indicated below X Credit any overpayments		1053	130	1053	130	Non-Englis	h specification	n		
X Charge any additional fee(s) or any underpayment of fee(s)		1812	2,520	1812	2,520	For filing a r	request for ex parte reexamination			
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Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			1,840*	1805	1 840*	Examiner a Requesting	publication o			
			110	2251	55	Examiner a	action for reply withir		<del> </del>	
FEE CALCULATION  1. BASIC FILING FEE			420	2252	210		• •	second month		
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	scription Fee Paid	1254	1,480	2254	740	Extension t	for reply within	n fourth month		
Code (\$) Code (\$) 1001 770 2001 385 Utility fil	ing fee	1255	2,010	2255	1,005	Extension t	for reply within	n fifth month		
1002 340 2002 170 Design	filing fee	1401	330	2401	165	Notice of A	ppeal			
1003 530 2003 265 Plant file	ing fee	1402	330	2402	165	Filing a brid	ef in support o	f an appeal		
1	filing fee	1403	290	2403	145	Request fo	r oral hearing			
1005 160 2005 80 Provision	nal filing fee	1451 1452	1,510	1451			-	lic use proceeding	[]	
SUBTOTAL (1) (\$) 0.00			110 1,330	2452 2453	55 665		revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1,330	2501	665		ue fee (or reissue)			
Extra Fee from			480	2502	240	Design issu	,			
Total Claims 54 -63** = x = 0.00		1502 1503	640	2503	320	Plant issue				
Independent 6 -8** = 7	= 0.00	1460	130	1460	130	Petitions to	the Commiss	sioner		
Claims Substituting Substitutin		1807	50	1807	50	Processing	fee under 37			
Large Entity Small Entity		1806	180	1806	180	Submission	n of Informatio			
Foo Foo Foo	ee Description	8021	40	8021	40		each patent a mes number o	ssignment per of properties)		
1202 18 2202 9 Claims in exc		1809	770	2809	385	Filing a sut (37 CFR 1.		final rejection		
· '	claims in excess of 3	1810	770	2810	385	For each a	dditional inver			
' '	endent claim, if not paid dependent claims	1801	770	2801	385		(37CFR 1.129 r Continued E	(b)) xamination (RCE)		
over original patent		1802	900	1802	900	Request fo	lequest for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1.	or a design application							
SUBTOTAL (2) (\$) 0.00			Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00							
**or number previously paid, if greater; F	Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00								
SUBMITTED BY		(Complete (if applicable))								
Name (Print/Type) Kaplay & Hagyar			egistration No. torney/Agent) 40,302				Telephone (301) 610-5771			
Signature / / / / / / / / / / / / / / / / / / /			., iguni)				Date	Tilly 1:30	-()-	